(Rs. in lakhs)

Scheme for which sanctioned	Amount sanctioned	Amount released
2004-05		
(a) United Fund of Rs. 10,000/- per Sub-Centre		
(b) Revised compensation package for F.P. Services.		
(c) Second Catch-up round of immunization		
(d) Strengthening of Cold Cnain.		
(e) Preparation of District Action Plan in 50% districts.	1843.80	1843.80
(f) Convening of Health Melas in all the Parliamentary Constituencies of Jharkhand.	112.00	112.00
2005-06		
(a) For selection and training of 8080 ASHA	498.94	—
TOTAL:	3313.01	2580.30

Trauma Centre in Delhi

608. SHRI ANAND SHARMA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware of the need of a Trauma Centre in National Capital Delhi and other major metropolis to meet emergency situations;

(b) whether there is any proposal under consideration of Government for setting up such centres in the country; and

(c) if so, the details thereof and the time frame for its implementation?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) The Central Government is setting up a comprehensive Trauma Care Centres at All India Institute of Medical Sciences, New Delhi and another at Dr. RML Hospital, New Delhi. Besides this, adequate provisions for treating trauma patients are also available in other Central Government Hospitals in Delhi.

(b) and (c) Health being a State subject under the Constitution of India, it is for the State Governments to provide all required health care facilities including trauma care facilities. However, Ministry of Health and Family Welfare is implementing a scheme under which financial assistance to a maximum of Rs. 1.50 crores to the States/Union Territories

is provided for upgradation and strengthening of emergency facilities in the Government Hospitals located on National Highways.

Rising gap between male-female ratio in the country

609. SHRIMATI PREMA CARIAPPA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that despite so many laws and regulations existing in the country, gap between male-female ratio is on the rise;

(b) if so, the details of steps taken to ameliorate the situation; and

(c) the reasons for the non-conviction in the past few years in the cases of charges of misuse of diagnostic techniques by various nursing homes and clinics?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) The female to male ratio declined in India from 972 in 1901 to 927 in 1991. However, the sex ratio has since improved to 933 as per 2001 Census.

(b) The Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994 (PC & PNDT Act) is being implemented in the country. The Act provides for the prohibition of sex selection, before or after conception, and for regulation of pre-natal diagnostic techniques for the purpose of detecting certain abnormalities and for the prevention of their misuse for sex determination leading to female foeticide; and for the matters connected therewith. The Implmentation of the Act rests with the States and Union Territories through the Appropriate Authorities appointed under the Act at State, District as well at Sub-district levels. It is, nevertheless, recognized that mere PC & PNDT Act is not enough to deal with the problem that has roots in social behavior and prejudices. Various activities have been undertaken to create awareness against the practice of pre-natal determination of sex and female foeticide through Radio, Television, and print media. Workshops and seminars have also been organized at State/regional/district/block levels to create awareness against this social evil. Cooperation has also been sought from NGOs, religious/spiritual leaders, as well as medical fraternity to curb this practice. The Government of India has launched 'Save the Girl Child Campaign' with a view to lessen son preference by